

# RENAISSANCE & RENAISSANCE GARDENS WEALTH-BUILDING HOUSING APPLICATION

Property: \_\_\_\_\_

Unit Number: \_\_\_\_\_

- All adults 18 years of age or older, not related by blood, marriage, or adoption, must complete their own application.
- The use of Liquid Paper (white-out), pencil or erasable ink will void this form
- To make a correction, please draw a single line through the incorrect information, initial and correct information

## RESIDENT CONTACT INFORMATION

Resident: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

\_\_\_\_\_

Mobile Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

## HOUSEHOLD INFORMATION

Please list all household members that are applying to live in the apartment with you

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	SS#	Birth date (MM/DD/YY)	Marital Status S/M/W/SEP/D*	Student (Circle One)
	<b>HEAD</b>					<b>Y N</b>
						<b>Y N</b>
						<b>Y N</b>
						<b>Y N</b>
						<b>Y N</b>
						<b>Y N</b>
						<b>Y N</b>
						<b>Y N</b>

\*S=Single / M=Married / W=Widowed / SEP=Separated / D=Divorced

### A. General Information:

1. Do you own a pet? ☐ YES ☐ NO If yes, what kind? \_\_\_\_\_ Weight: \_\_\_\_\_

2. Have you or anyone else on this application ever filed bankruptcy OR in the process of filing bankruptcy? ☐ YES ☐ NO

If yes, please explain (include dates):  
\_\_\_\_\_

03/2011

Application Form # 501

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. §408(a)(6), (7), (8).



3. Have you or anyone else named on this application been convicted OR in the process of being convicted of a felony? ☐ YES ☐ NO  
If yes, please explain: \_\_\_\_\_
4. Have you or anyone else named on this application ever been evicted from OR in the process of being evicted from an apartment for any reason? ☐ YES ☐ NO  
If yes, please explain: \_\_\_\_\_
5. Have you or anyone else on this application been convicted OR in the process of being convicted of dealing or manufacturing illegal drugs? ☐ YES ☐ NO  
If yes, please explain: \_\_\_\_\_
6. Have you or anyone else named on this application been convicted OR in the process of being convicted of property damage? ☐ YES ☐ NO  
If yes, please explain: \_\_\_\_\_
7. Is the household comprised entirely of full-time students? ☐ YES ☐ NO
8. If full-time student household, is the household comprised of a single parent who is not a tax dependent of another party **and** whose child(ren) cannot be claimed as a tax dependent by anyone other than the other parent? ☐ YES ☐ NO

**B. Housing Reference:** (List all residences and applicable landlord reference in the past twenty-four (24) months.)

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Do you own this residence? ☐ YES ☐ NO If NO, do you rent this residence? ☐ YES ☐ NO

Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Did you own this residence? ☐ YES ☐ NO If NO, did you rent this residence? ☐ YES ☐ NO

Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

**C. Emergency Contact:** (Other than person listed on application). Please list someone in the immediate area if possible.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_

**D. Drivers License #: Head: \_\_\_\_\_ Co-Head: \_\_\_\_\_ State Issued: \_\_\_\_\_**

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**YES NO**☐ ☐**1. Do you expect any additions to the Household in the next 12 months?**

Name &amp; Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

When: \_\_\_\_\_

☐ ☐**2. Is there anyone living with you now who won't be living with you at this property? ( Note: this includes relatives)**

Name and Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

☐ ☐**3. Do all the children in the household live with you 50% or more of the time? If no, obtain proof of amount of time child(ren) will be living in the unit.**

Explanation: \_\_\_\_\_

☐ ☐**4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the Military)**

Explanation: \_\_\_\_\_

☐ ☐**5. Does your household have or anticipate having any pets other than those that are used as service animals?**

Explanation: \_\_\_\_\_

**INCOME INFORMATION**

- Income is counted for any household member who is 18 years of age or older or 17 years of age turning 18 in the next 12 months, unless legally emancipated. However, if the income is unearned, such as a grant or benefit, it is counted for all household members, including minors.
- Include all income anticipated over the next 12 months.

**Do YOU or ANYONE in your household receive OR expect to receive income from:**☐ ☐

MHB #205

**6. Employment wages or salaries? (Include tips, overtime, bonuses, commissions or cash payments) ( Note: Form 221 must be included if the applicant indicates tips).**

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount*</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Number of hours per week and weeks per year or net or gross income per year

☐ ☐

MHB #207

**7. Have you or any adult member changed employment with in the last 6 months?**

Household Member(s): \_\_\_\_\_

Name of Company(ies): \_\_\_\_\_



**YES NO**
☐ ☐  
 MHB #222

**8. Are you or any other ADULT household members claiming zero employment income?**  
*(i.e., does not receive employment income)*

Household Member: \_\_\_\_\_

Explanation: \_\_\_\_\_

☐ ☐  
 MHB #222/#224

**9. Are you or any other ADULT household members claiming zero income?**

Household Member: \_\_\_\_\_

Explanation: \_\_\_\_\_

☐ ☐  
 MHB #218/#219

**10. Self-Employment?**

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐  
 MHB #211

**11. Regular pay as a member of the Armed Forces?**

<u>Household Member</u>	<u>Base Name and Branch</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐  
 MHB #223

**12. Unemployment benefits?**

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐  
 MHB #203/#204

**13. Worker's Compensation, Disability, or Insurance Payments (Not Social Security)?**

<u>Household Member</u>	<u>Base Name and Branch</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐  
 MHB #220

**14. Public Assistance, Food Stamps (not counted as income, but used for qualifying purposes), General Relief or AFDC or Temporary Assistance for Needy Families?**

<u>Household Member</u>	<u>Base Name and Branch</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐  
 MHB #201/#202

**15. Any Child Support payments?**

**A. Child Support**

<u>Household Member</u>	<u>Payor &amp; Child(ren)</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**YES**   **NO****B. How is the support received?**

- ☐ Child Support Enforcement Agency   Name of Agency: \_\_\_\_\_
- ☐ Court of Law   Name of Court : \_\_\_\_\_
- ☐ Directly from Person   Name of Person: \_\_\_\_\_
- ☐ Other   Explain: \_\_\_\_\_

**C. If court-ordered, but not actually received, are you taking legal action to remedy?**

Explain: \_\_\_\_\_

\_\_\_\_\_

☐ ☐

MHB #202

**16. Alimony/Maintenance? If there is a court order, must provide.**

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐

MHB #217

**17. Social Security, SSI or any other payments from the Social Security Administration?**

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐

MHB#212/ #216

**18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐

MHB #208

**19. Regular payment from a severance package?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐

MHB #208

**20. Regular payments from any type of settlement? (For example: insurance settlement)**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐

MHB #214

**21. Regular gifts or payments from anyone outside the household? (Includes anyone supplementing your income or paying any of your bills)**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____



**YES NO**☐ ☐

MHB #208

**22. Regular payments from lottery winnings or inheritances?**Household MemberSource of BenefitAmountFrequency

_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐

MHB #215

**23. Regular payments from rental property or any other types of real estate transactions?**Household MemberSource of BenefitAmountFrequency

_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐

MHB #200/#208

**24. Any other income sources or types not listed?**Household MemberSource of BenefitAmountFrequency

_____	_____	_____	_____
_____	_____	_____	_____

**ASSET INFORMATION**

- Include all assets held and the income derived from the asset.
- INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS.

**Do YOU or ANYONE in your household have:**☐ ☐

MHB #101

**25. Checking or savings account?**Household MemberFinancial InstituteAccount #TypeAmount

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ ☐

MHB #101

**26. CDs, Money Market accounts or treasury bills?**Household MemberFinancial InstituteAccount #TypeAmount

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ ☐

MHB #113

**27. Stocks, Bonds, Mutual Funds or Securities?**Household MemberFinancial InstituteAccount #TypeAmount

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ ☐

MHB #101

**28. Trust fund?**Household MemberFinancial InstituteAccount #TypeAmount

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

03/2011

Application Form # 501

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**YES NO**
☐ ☐  
 MHB #108

**29. Pensions, IRAs, Keogh, 401K, or other retirement accounts?** (*Referring to benefits as a current employee*)

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ ☐  
 MHB #112

**30. Cash on hand over \$500?**

<u>Household Member</u>	<u>Amount</u>
_____	_____
_____	_____

☐ ☐  
 MHB #114

**31. Whole Life or Universal Insurance policy?** (*Not term insurance policy*)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐  
 MHB  
 #103/#107/#110/#111

**32. Real estate, rental property, land contract / contract for deeds or other real estate holdings?** (*This includes your personal residence, mobile homes, vacant lands, farms, vacation homes or commercial properties*)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Address of Property</u>	<u>Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐  
 MHB #109

**33. Personal property held as an investment?**

(*This includes paintings, coin/stamp collections, artwork, collector or show cars, campers, boats, and antiques. This does not include your personal belongings such as your car, furniture or clothing.*)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Address of Property</u>	<u>Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐  
 MHB #112

**34. A safe deposit box?**

<u>Household Member</u>	<u>Amount</u>
_____	_____
_____	_____

☐ ☐  
 MHB #102

**35. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past two years?**

<u>Household Member</u>	<u>Amount</u>	<u>Explanation</u>
_____	_____	_____
_____	_____	_____



**YES NO**
☐ ☐  
 MHB #106
**36. Have you or any other household member received a lump sum in the past 12 months?**

<u>Household Member</u>	<u>Amount</u>	<u>Explanation</u>
_____	_____	_____
_____	_____	_____

**37. What is the CASH value of your combined total assets? (Items total #25 - #36)**

- ☐ Cash value is less than \$5,000 – Complete Under \$5,000 Asset Certification (#105)
- ☐ Cash value is greater than \$5,000 – 3<sup>rd</sup> Party verification required.

*Complete the necessary form(s) as indicated above.**The following questions pertain to specific eligibility requirements.*
☐ ☐  
 MHB #313
**38. Are you or any other household member (INCLUDING MINORS) currently a part/full-time student?**

<u>Household Member</u>	<u>Name of School</u>
_____	_____
_____	_____
_____	_____
_____	_____

☐ ☐  
 MHB #313/#305
**39. Do you or any other household member (INCLUDING MINORS) expect to be a full-time student in the next 12 months?**

<u>Household Member</u>	<u>Name of School</u>	<u>Date Last Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ ☐  
 MHB #313
**40. Have you or any other household member (INCLUDING MINORS) been a full-time student in this calendar year?**

<u>Household Member</u>	<u>Name of School</u>	<u>Date Last Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**41. If yes to #38, #39, or #40 and you are attending any school other than elementary through high school, how are you paying for the tuition and all other necessary fees associated with school, college, tech school, etc.?**

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**YES   NO**
☐ ☐

MHB #306/#307

**42. Will you or any ADULT household member require a live-in care attendant to live independently?**

Name of Attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

☐ ☐

MHB #304

**43. Was your household receiving Housing Choice Voucher, Section 8 or any other type of rental assistance at the time of move-in to your current residence?**

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

☐ ☐

MHB #304

**44. Is your household currently receiving Housing Choice Voucher, Section 8 or any other type of rental assistance?**

☐ ☐

MHB #304

**45. Will your household be eligible or are you applying to receive Section 8 or any other type of rental assistance in the next 12 months?**

Expected Date: \_\_\_\_\_

Agency/Contact Person: \_\_\_\_\_

☐ ☐

**46. Are you currently or will you be an employee of MHB? Will any rental/employee discount be provided?**

Total Unit Rent: \_\_\_\_\_

Your Portion: \_\_\_\_\_

Discount Amount: \_\_\_\_\_

**[REST OF PAGE INTENTIONALLY LEFT BLANK - PLEASE SIGN THE NEXT PAGE]**



**SIGNATURE CERTIFICATIONS**

I understand that the Mobile Housing Board (and/or any duly authorized management agent) is relying on the information provided in this *Orange Grove Homes Wealth-Building Housing Application* to prove my household's eligibility for the Homeownership Catalyst Communities. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility and suitability. I understand that providing false information or making false statements may be grounds for denial of my application, or if I am already housed, the termination of my lease. I also understand that such action may result in criminal penalties.

I authorize my consent to have Mobile Housing Board (and/or any duly authorized management agent) verify the information contained in this application for the purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting management's resident selection criteria for the Homeownership Catalyst Communities, including the responsibility to establish a Wealth Building Agreement, satisfying the Housing Credit Program requirements and successfully meeting the other requirements for the communities.

**\*ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW\***

**APPLICANT/RESIDENT SIGNATURES**


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 Signature

---

 Printed Name

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 Date

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 Signature

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 Printed Name

---

 Date

---

 Signature

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 Printed Name

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 Printed Name

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 Date
